



**457 Deferred Compensation Plan
Simplified Employee Change Form**
For Change in Amount of Deferral Only

Employer Plan Number

3	0	1	5	6	7
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Employer Name

Fond du Lac County

I authorize my employer to defer \$_____ (normal contribution) from my paycheck per pay period.

(If you are selecting the “over 50” contribution, indicate a separate amount for the “over 50” portion) \$_____

Change to be effective: ____ / ____ / ____ (choose a pay day)

Print Name

x

Participant Signature

Date

Please return this completed form directly to Fond du Lac County H.R. Dept.